

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

30410

3784

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>2 1/2 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		352	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>3421 Tracy Avenue</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Faye</u>		b. (Middle) <u>I</u>		c. (Last) <u>Russell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-2-51</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>9-6-1903</u>	
9. AGE (In years last birthday) <u>47</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Goreville, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Martin Nipper</u>		13b. MOTHER'S MAIDEN NAME <u>Effie Galleghy</u>		14. NAME OF HUSBAND OR WIFE <u>U.W. Russell</u>		14. ADDRESS <u>3421 Tracy Avenue, Kansas City, Mo.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>U.W. Russell</u>		17. ADDRESS <u>3421 Tracy Avenue, Kansas City, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain Tumor (Type not yet determined)</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Glioblastoma</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Aug 24, 1951</u> , to <u>Sept 2, 1951</u> , that I last saw the deceased alive on <u>Sept 2, 1951</u> , and that death occurred at <u>1:10 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Donald J. Smith</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Overland 8023 Santa Fe Dr. Park, Mo.</u>		23c. DATE SIGNED <u>Sept 2, 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>5 SEPT. 4-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LICK CREEK CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>NEAR GOREVILLE, ILLINOIS</u>	
DATE REC'D BY LOCAL REG. <u>9-4-51</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.H. Newcomer Sons</u>		ADDRESS <u>1331- BRUSH CREEK KANSAS CITY, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.